

Work Order ID 85680***85680***

Page 1

Item ID: D412-705-021

Accept

N900040100Setup Start ***NS1***

Revision ID:

Item Name: Oil Pressure Transmitter Access Panel

Stop ***NS2***

Start Date: 6/13/2012 Start Qty: 1.00

1

Cust Item ID:

Required Date: 6/14/2012 Req'd Qty: 1.00

1

Customer: CU-DAR001

Reference: RMA RA111377 - RETURN

Approvals: Process Plan: *MF*Date: *12-06-13*

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
IIN D412-705	Rev C								

100

0.00

100

QC

Quality Control

Memo

0.00

INSPECT RA 111377 D523-705-021 X 1 B84040

CHG002
*8/16/12*BOX WAS NOT DAMAGE
ENSURE KIT IS COMPLETE
ADD NEW PAPERWORK
ID AND STOCK UNDER NEW BATCH NUMBER

110

Identify as per dwg & Stock Location: *FA*

0.00

110

Packaging

Packaging

Memo

0.00

ID AND STOCK UNDER NEW BATCH NUMBER

*CHG002**MLJ 12/06/14**9/4/14* *(U)*

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

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Page 2

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Start Date: 6/13/2012 Start Qty: 1.00

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Cust Item ID:

Required Date: 6/14/2012 Req'd Qty: 1.00

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Customer: CU-DAR001

Reference: RMA RA111377

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

120

QC21- Final Inspection - Work Order Release

0.00

120

QC

Memo

0.00

Quality Control

12/6/15
MF
12-06-14

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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NOTE: Date & initial all entries

Picklist Print

Wednesday, June 13, 2012 4:12:45 PM

Page 1

Work Order ID: 85680

Parent Item: D412-705-021

Parent Item Name: Oil Pressure Transmitter Access Panel

Start Date: 6/13/2012

Required Date: 6/14/2012

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:a new issue 08-08-05 DD verified by: EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D412-705-021 Oil Pressure Transmitter Access Panel		Manufactured	No				Each	5.0000		1			

Location

Loc Qty

Loc Code

FG

5

84340

5

1 x 84340 MF 12-06-13

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries